MASSACHUSETTS DEP D	RINKING WATER PROGRAM - LEA	AD IN SCHOOL DRINKING	WATER MAINTE	NANC	E CHE	CKLIST *
Name of School:	Address:	S	chool District N	ame		
Contact Name:						
<u>Instructions</u> : 1. Fill out one checklist for each s	school under your jurisdiction. 2. Evaluate the rest					
DEP/DWP, 6 th floor, 1 Winter Street, Boston, M.	A 02108, Attn: Frank Niles					
ACTIVITY TO BE EVALUATED				YES	NO	COMMENTS
Plumbing Related to Drinking W	ater Fixtures					
A plumbing survey has been conducted to						
Were alterations made to the existing plun						
	naterials listed by the NSF are used for any al					
	tion of new plumbing or modifications/altera	ations made to current plumbing syst	tem.			
Drinking and cooking water outlets are flu	shed at the start of each school day.					
Drinking Fountains						
All drinking fountains in the school have b	been checked against the EPA list of known l	lead-containing models.				
All drinking fountains found to be on the list of known lead-containing models have been permanently taken out of service or removed.						
	ter samples for lead has been implemented.					
Remedial actions have been implemented for any fountains that exceeded the action limit for lead.						
	nit for lead after remedial actions have been in	mplemented, the fountain was perma	anently taken out of			
service or removed.						
Cafeteria and Cooking Classes (if						
	regularly scheduled water sampling and testi	ing program.				
Only cold water is used for preparing food	ls and beverages.					
Bottled Water (if used)						
Bottled water is being used as a substitute	for drinking water devices that have been taken	ken out of service.				
Bottled water is obtained from a supplier a	approved by the Massachusetts Department o	of Public Health.				
Bottled water is stored in a safe, secure area away from chemicals and other hazards.						
Dispensers are cleaned regularly to reduce	potential for bacteria build up in the dispens	ser area.				
Record Keeping						
Drinking Water Testing and Quality Reco	rds kept in a centralized and clearly labeled f	ile.				
Check all of the following statements th	at apply to your school and attach additi	ional page(s) as needed.				
$\hfill\Box$ School is below the DEP lead action level ((0.015 mg/l) for <u>all</u> drinking water faucets or other.	her points of human consumption.				
☐ Additional testing needed (Start Date://) Other Comments:						
☐ Flushing proposed (Start Date://_	_)					
\Box Treatment units planned** (Start Date:	<i>_</i>)					
\square Bottled water proposed (Start Date:/_						
\square Educational notice for parents and school p						
☐ Other actions planned		(Start Date://)				
Name:	Signature:	Date:/				
If you need any help with completing this check	list please contact your local board of health you	r local plumbing inspector, or your loca	l nublic drinking water	supplier	You may	also contact Frank F

If you need any help with completing this checklist, please contact your local board of health, your local plumbing inspector, or your local public drinking water supplier. You may also contact Frank R. Niles of the DEP Drinking Water Program at 617 574- 6871 or Program.Director-DWP@state.ma.us

*For a more comprehensive checklist that covers other drinking water issues (e.g. copper, cross connections control) as well as all other environmental and health programs please see the Healthy Schools Council "Checklist concerning Environmental Health and Safety in School" at http://www.state.ma.us/dph/beha/iaq/schools/schools.htm
**If you plan to install treatment units, you must contact DEP/DWP, 6th floor, 1 Winter Street, Boston, MA 02108—Attention: Frank R. Niles (617) 574-6871.

Complete and return this form to DEP/DWP, 6th floor, 1 Winter Street, Boston, MA 02108- Attention Frank R. Niles

November 2004